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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) CHA920030022US1						
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.6(a)] on _____</p> <p>Signature_____</p> <p>Typed or printed name _____</p>								
<p>In re Application of Bruce Wallman</p> <table border="1"> <tr> <td>Application Number 10667852</td> <td>Filed 09/22/2003</td> </tr> </table> <p>For SYSTEM AND METHOD FOR PROVIDING PHYSICAL WEB SECURITY USING IP ADDRESSES</p> <table border="1"> <tr> <td>Art Unit 2439</td> <td>Examiner Tolentino, R.</td> </tr> </table>			Application Number 10667852	Filed 09/22/2003	Art Unit 2439	Examiner Tolentino, R.		
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>fee paid 11/08</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <table border="1"> <tr> <td><input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td>/Matthew B. Pinckney/ Signature Matthew B. Pinckney Typed or printed name</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. <u>62727</u> Registration number _____</td> <td>(518) 449-0044 Telephone number</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</td> <td>2010-07-20 Date</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	/Matthew B. Pinckney/ Signature Matthew B. Pinckney Typed or printed name	<input checked="" type="checkbox"/> attorney or agent of record. <u>62727</u> Registration number _____	(518) 449-0044 Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	2010-07-20 Date
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<input type="checkbox"/> *Total of _____ forms are submitted.

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